

<b>Case Number:</b>	CM14-0129507		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	10/22/2012
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 42-year-old gentleman who injured the right knee in a work related accident on 10/22/12. The records provided for review document that the recommendation has been made for surgical arthroscopy and meniscectomy. In direct relationship to the surgical request there is a request for an assistant surgeon. There is no other specific information of relevance in regards to the clinical request in this case. This review is for an assistant surgeon for use in surgical procedure that would include a knee arthroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Assistant surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Milliman Care Guidelines 18th. edition: assistant surgeon Assistant Surgeon Guidelines (Codes 29240 to 29894).

**Decision rationale:** Based on Milliman Care Guidelines as the California MTUS and ACOEM Guidelines do not address this request, an assistant surgeon in this case would not be supported.

There is no documentation in the records to explain why an assistant surgeon would be needed in an arthroscopic procedure to the knee. Milliman Care Guidelines do not acknowledge the use of an assistant surgeon for this procedure.